## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) **CLAIMS** AFTER 200 AFTER 1st AMENDMENT 200 AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. DEP. IND. DEP. DEP. IND. $\cap$ T (1) TOTAL (ND. TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL CLAIMS \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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